

GEORGIA DEPARTMENT OF CORRECTIONS Standard Operating Procedures		
Policy Name: Tele-Mental Health Services		
Policy Number: 508.43	Effective Date: 9/25/2018	Page Number: 1 of 6
Authority: Commissioner	Originating Division: Health Services Division (Mental Health)	Access Listing: Level I: All Access

I. Introduction and Summary:

Tele-mental health is used by mental health professionals to provide services at a distance via telecommunication technologies in accordance with applicable standards. The telecommunication system used will meet all Health Insurance Portability and Accountability Act (HIPAA) requirements.

II. Authority:

- A. GDC SOPs: 508.07 Clinical Supervision, 508.09 MH/MR Records, 508.10 Confidentiality of Mental Health Records, 508.24 Psychotropic Medication Use Management, 508.15 Mental Health Evaluations, 508.19 Mental Health Referral and Triage, 508.26 Involuntary Medication Administration, 208.02 Telemedicine - Facilities, 507.04.12 Telemedicine - Physical Health, 508.30 Mental Health Acute Care Unit; 508.31 Mental Health Crisis Stabilization Unit, 508.22 Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, and 508.37 Suicide Prevention and Management of the Potentially Suicidal Offender;
- B. American Psychological Association Guidelines for Practice of Telepsychology;
- C. American Psychiatric Association Telepsychiatry Guidelines;
- D. American Telemedicine Association Practice Guidelines for Videoconferencing Based Tele-Mental Health; and
- E. ACA Standard: 4403-1.

III. Definitions:

- A. **Tele-mental Health** - The use of electronic communication and information technologies to provide or support mental health care from a remote location.
- B. **Remote Services** - Services that are received from a different site than where the clinician is physically located. The term “remote” includes no consideration in relation to distance, but rather, may refer to a site that is in the same building or at great distance from the clinician.

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- C. **In-Person Services** - Interactions in which the clinician and the offender are in the same physical space and do not include interactions that may occur through the use of technologies.
- D. **Shadow File** - A secure electronic or paper file containing key elements of the offender's medical record. This file is used as a reference by the health professional providing care during each tele-mental health session.
- E. **Videoconferencing Service** - Any third-party/intermediary service hosting a tele-mental health audio and video session. This includes a service initiating a session between two peer computers, or an intermediary service to which all parties connect for transmission and reception of audio and video.
- F. **Electronic Transmission** - Any method of electronic data transfer. This includes (but is not limited to) facsimile, email, FTP (File Transfer Protocol), SFTP (Secure File Transfer Protocol), SCP/SSH (Secure Copy/Secure Shell), or SMB (Server Message Block).
- G. **Tele-mental Health Site Coordinator** - A staff member identified to manage the tele-mental health process, from coordinating schedules; managing the transmission of medical records; and telecommunication troubleshooting. This staff member works in collaboration with the clinical coordinator on site.

IV. Statement of Policy and Applicable Procedures:

- A. Clinical staff using these services ensure that the standard of care delivered via tele-mental health is at least equivalent to the quality of any other type of care that can be delivered to the offender, considering specific context, location, timing and access to care.
 - 1. Clinical staff providing tele-mental health services must be fully licensed in their discipline and utilize the practice guidelines consistent with their professional discipline to guide the delivery of care;
 - 2. Where there is not a licensed, qualified staff member available on-site to provide in person services, the offender should be transported for a face-to-

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face evaluation or arrangements should be made for tele-mental health services at a facility that has a licensed, qualified staff member;

3. Any modifications to clinical practice standards for the tele-mental health ensure that clinical requirements specific to professional discipline are maintained;
4. Clinical staff performing tele-mental health services are provided training/orientation and receive ongoing continuing education to maintain identified skills and ethical standards to provide or support tele-mental health services;
5. All credentialing requirements for staff providing face-to-face services apply to staff providing tele-mental health services;
6. Licensed clinical staff providing tele-mental health services shall be licensed in the state where the clinician is located as well as where the offender is located;
7. If a facility primarily utilizes tele-mental health for psychiatry services, the provider must provide in-person psychiatry services every six (6) months to:
 - a. Meet staff;
 - b. Communicate with offenders;
 - c. Participate in the treatment team meeting(s); and
 - d. Observe conditions of confinement, etc.
8. Although there are no absolute exclusionary criteria for the use of tele-mental health, the following represent situations when the clinical staff and on-site staff may determine the use is contraindicated for a particular offender:

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- a. Refusal to participate;
 - b. Immediate risk of dangerousness except for triage purposes;
 - c. Presence of psychiatric symptoms that could be exacerbated by the use of telecommunication technology (auditory hallucinations, extreme paranoia, specific delusions regarding technology);
 - d. Hearing, visual, or cognitive deficits that might limit the offender's ability to communicate with tele-mental health;
 - e. Evaluation of victims of alleged sexual assault except for triage purposes; and
 - f. Higher levels of care (Levels III - VI) should only receive tele-mental health services as a temporary measure if there is an in-person vacancy.
9. At the start of a tele-mental health session, the provider will educate the offender about the nature of tele-mental health and obtain verbal consent for tele-mental health services;
 10. All persons present at the receiving and providing sites should be made known to the provider and offender during each session;
 11. Nurses and other mental health staff should not remain in the room during the tele-mental health session, except to answer questions or provide needed information;
 12. The following information will be made available to the provider prior to the tele-mental health clinic:
 - a. List of offenders who will be seen (to include, GDC#, location, mental health level);
 - b. Current Medication Administration Record (MAR); and

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- c. Shadow file containing the most recent Progress Notes, Labs, Initial Psychiatric/Psychological Evaluation, Transfer Evaluation, Diagnosis List, Abnormal Involuntary Movement Scale (AIMS), weight and waist measurements, and Informed Consents.
13. Receipt of the above information may be through fax, shadow file, or electronic record. It is the responsibility of the provider to request the information if it is not available. Verbal report may be given if the information is not available through other mechanisms;
 14. All documentation requirements for face-to-face sessions apply to tele-mental health sessions;
 15. All medication orders shall be faxed to the offender's facility by close of business on the day of the session;
 16. All aspects of HIPAA and state privacy requirements apply to the tele-mental health session and the transmission of medical information;
 17. Any tele-conferencing system utilized will be HIPAA compliant;
 18. Quality of video transmission is maintained at sufficient resolution to deliver clinical services; and
 19. Continuous Quality Improvement (CQI) data is maintained to include but not limited to:
 - a. Information concerning the number of offenders seen by tele-mental health;
 - b. The numbers of no-shows;
 - c. The numbers of day evaluations;
 - d. Offender satisfaction; and

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e. Other related measures of offender outcomes.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.